NC STATE UNIVERSITY
DIVISION OF HUMAN RESOURCES

Certification of Temporary Employment Terms

I am accepting a temporary position with North Carolina State University. I understand that the 11-month employment time limit for temporary employees does not apply to students, retirees, some part-time temporaries or temporary employees funded partially or fully as a result of an ARRA stimulus award who certify their status and agree to the following terms:

STUDENT STATUS

_____ **(Initials)** I certify that I am enrolled in a post-secondary education institution. My student status is primary, and my working relationship is secondary to my role as a student. I understand that it is my responsibility to notify my supervisor if my status as a student changes. I understand that there are restrictions on work hours as noted below, unless an exception is secured from my Dean or Vice Chancellor.

I am enrolled for the current or upcoming semester at:

☐ North Carolina State University

☐ Undergraduate (limited to 20 hrs per week during the academic year and up to 29 hrs per week during the 3 summer months)

☐ another post-secondary institution

☐ Graduate (limited to 29 hrs per week during the academic year if working a temporary job on campus other than a grad assistant)

RETIREE STATUS

_____ **(Initials)** I certify that I am a retiree receiving retirement income and/or social security benefits. I am not available for nor seeking permanent employment.

_____ **(Initials)** I understand that my work hours must stay below 30 hrs per week in order to not impact my retiree health coverage.

I am a retiree of:

☐ North Carolina State University   ☐ Other source providing retirement income or social security benefits.

STIMULUS FUNDED (ARRA) STATUS

_____ **(Initials)** I certify that I am a temporary employee funded as a result of a stimulus award and paid with stimulus funds.

TRAINEE STATUS

_____ **(Initials)** I certify that I am a Non-NCSU student enrolled for the current or upcoming semester at a Post-Secondary Institution, and my student status is my primary roll. The training I am receiving is directly related to my academic degree program.

TERMS

Submission of this form indicates I understand that as a temporary employee, regardless of my length of service, I may or may not be eligible for health insurance, I will not receive retirement credit, leave benefits, or other state benefits. I also understand that if separated, I will not receive severance pay or priority re-employment consideration. I also understand that temporary employees are free at any time to seek employment that does provide benefits (with the State or otherwise).

SIGNATURES

_____   _____   _____
Employee Name (Print)   Employee Signature   Date

_____   _____   _____
Supervisor Signature   Date   Department

Keep in department file.

Questions about this form? Contact Talent & Organization Solutions at (919) 515-4286.

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